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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 018300-1193

First Named Inventor David Smith

COMPLETE IF KNOWN

Application Number /

Filing Date

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method For Producing A Clad Metal Product

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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FOR FILING

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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☐Customer Number
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Correspondence address below

Name

Michael G. Johnston

Address

Moore & Van Allen PLLC, 2200 West Main St., Ste. 800

City

Durham

State

NC

ZIP

27705

Country

U.S.A.

Telephone

919-286-8000

Fax

9286-8000

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :



A petition has been filed for this unsigned inventor

Given Name

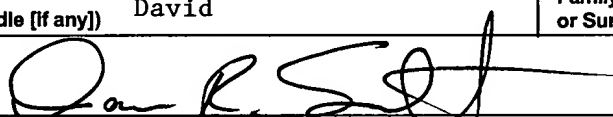
(first and middle [if any])

David

Family Name

or Surname

Smith

Inventor's
Signature

Date

11/21/01

Residence: City

Skaneateles

State

NY

Country

U.S.A.

Citizenship

U.S.A.

Mailing Address

35 Fennell St.

City

Skaneateles

State

NY

ZIP

13152

Country

U.S.A.

NAME OF SECOND INVENTOR:



A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

James P.

Family Name

or Surname

Biernat

Inventor's
Signature

Date

11/21/01

Residence: City

Skaneateles

State

NY

Country

U.S.A.

Citizenship

U.S.A.

Mailing Address

4613 Rowe Rd.

City

Skaneateles

State

NY

ZIP

13152

Country

U.S.A.



Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
James		Robinson	
Inventor's Signature <i>James Robinson</i>		Date <u>11-21-01</u>	
Residence: City	Auburn	State	NY
Country	U.S.A.		
Citizenship	U.S.A.		
Mailing Address 21 Sheridan St.			
Mailing Address			
City	Auburn	State	NY
ZIP	13021	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
James		Mach	
Inventor's Signature <i>James A. Mach</i>		Date <u>11/21/01</u>	
Residence: City	Weedsport	State	NY
Country	U.S.A.		
Citizenship	U.S.A.		
Mailing Address 7889 Weedsport Sennett Rd.			
Mailing Address			
City	Weedsport	State	NY
ZIP	13166	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Arthur		Carnicelli	
Inventor's Signature <i>Arthur Carnicelli</i>		Date <u>11/21/01</u>	
Residence: City	Auburn	State	NY
Country	U.S.A.		
Citizenship	U.S.A.		
Mailing Address 90 North Division			
Mailing Address			
City	Auburn	State	NY
ZIP	13021	Country	U.S.A.

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PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	David Smith
Title	Method For Producing...
Group Art Unit	
Examiner Name	
Attorney Docket Number	018300-1193

I hereby appoint:

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24239

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Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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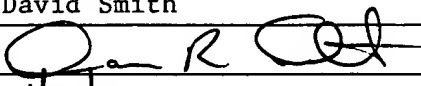
<input type="checkbox"/> Firm or Individual Name			
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Address			
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Country			
Telephone	Fax		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	David Smith
Signature	
Date	11/21/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ Total of 1 of 5 forms are submitted.

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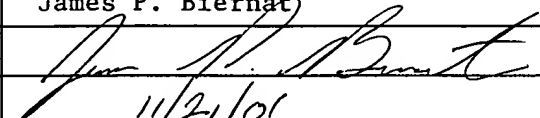
Fax

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SIGNATURE of Applicant or Assignee of Record

Name	James P. Biernat
Signature	
Date	11/21/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ Total of 2 of 5 forms are submitted.

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First Named Inventor	David Smith
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Examiner Name	
Attorney Docket Number	018300-1193

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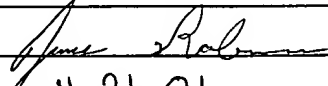
Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
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SIGNATURE of Applicant or Assignee of Record

Name	James Robinson
Signature	
Date	11-21-01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 3 of 5 forms are submitted.

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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	James Mach
Signature	<i>James A. Mach</i>
Date	11/21/01

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☒ Total of 4 of 5 forms are submitted.

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Application Number	
Filing Date	
First Named Inventor	David Smith
Title	Method For Producing...
Group Art Unit	
Examiner Name	
Attorney Docket Number	018300-1193

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☐ Firm or
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Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Arthur Carnicelli
Signature	<i>Arthur Carnicelli</i>
Date	11/21/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 5 of 5 forms are submitted.

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